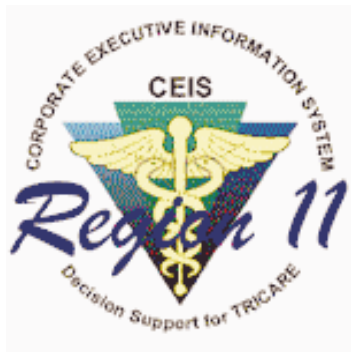


**REGION 11 CORPORATE EXECUTIVE INFORMATION SYSTEM (CEIS)
CEIS DATA IMPROVEMENT PLAN (DIP)
DATA COMPLETENESS REPORT**



for
TRICARE Northwest Lead Agency
TRICARE Region 11
Madigan Army Medical Center
Ft Lewis, Washington

by
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REGION 11 CEIS DATA IMPROVEMENT PLAN (DIP) DATA COMPLETENESS REPORT

INTRODUCTION

The Region 11 Integrated Contractor Team began a data completeness process on 9 Jul 98. This was part of a CEIS program effort to validate the completeness of the data in CEIS. The Region 11 CEIS direct care data was compared to the source systems to validate its completeness. Corporate data (MEQS, CHAMPUS, MCFAS, etc) was compared to the source where it was obtained to confirm we had received all data. The CEIS Program Office set a goal of 95% completeness for each month. The following explains how the direct care data was validated.

Inpatient Analysis: Analysis of the inpatient data was accomplished by comparing the inpatient record totals in the CEIS HBOC volume reports with the inpatient dispositions obtained from the source system (CHCS). The comparison to the source system was accomplished using both the CHCS 460 and CHCS MEPRS reports. The CHCS MEPRS report was felt to be the more accurate by the MAMC Patient Administration (PAD) personnel since it contains the “absent sick” and “carded for record only dispositions”. However, the CHCS MEPRS report was only available from January 1997 forward, earlier reports were archived. Madigan PAD personnel did have previous MEPRS reports and those numbers were used in Madigan’s comparison. The source systems were compared to CEIS by month for Fiscal Years (FY) 1996 – 1998. In doing this comparison the same day surgeries in CEIS were divided into inpatient and outpatient. The inpatient same day surgeries were added to the CEIS disposition totals and then compared to the source. This was necessary since CEIS separates the inpatient same day surgeries from the total dispositions and CHCS does not. The spreadsheets at attachment 1 show the raw results of this comparison.

Outpatient Analysis: Analysis of outpatient data was accomplished by comparing the outpatient record totals in the CEIS HBOC Volume reports with the outpatient encounters obtained from the source system (ADS). The comparison to the source system was accomplished using a TMMSC developed SQL that counted the ADS completed outpatient encounters by month. These source systems counts were compared to CEIS by month for Fiscal Years (FY) 1996 – 1998. Again, the outpatient same day surgeries were added into the CEIS outpatient visit totals for the comparison. The child clinic outpatient visits were also added into the CEIS totals for this comparison. CEIS separates the same day surgeries and child clinic visits, but the ADS system includes all these into one total. So for an accurate comparison these must be combined. The spreadsheets at attachment 1 show the raw results of this comparison.

Ancillary Analysis: Analysis of ancillary data was accomplished by trending the monthly totals of ancillary records for each fiscal year (FY 97 and FY 98). It is not possible to easily obtain a count of ancillary records from the CHCS source systems that would provide an accurate comparison with CEIS. So trending the counts and looking for variations is presently the best way to identify holes. Inpatient ancillary records are associated with an inpatient encounter and all ancillary orders for the inpatient encounter are included in one ancillary record. Since most inpatients have ancillary orders the trending line should follow the inpatient disposition trend. Outpatient ancillary records are organized by grouping, where all ancillary orders made at the same time are grouped into a single ancillary record. These also should follow the outpatient trend line, but not as close since fewer outpatients have ancillary orders.

The report is organized by facility with a one page analysis of the data completeness followed by one to two pages of trending charts comparing the direct care data for the facility. Spreadsheets with the raw data used in the analysis are included as an attachment.

COLLECTED DATA

Madigan Army Medical Center (DMIS 0125)

Inpatient Data Comparison Findings

Inpatient data comparison of CEIS and CHCS was accomplished for fiscal years 1996 – 1998. The fiscal year summary for this comparison is at Table 1. CEIS met the 95% completeness goal for fiscal years 1996 and 1998 but did not meet the goal in fiscal year 1997. The months where the record shortages occurred were Oct 96 and Nov 96. The monthly inpatient record shortage statistic, for the months where CEIS did not reach the 95% completeness goal, is at Table 2 and Figures 1 – 3 show a graphical depiction of the monthly record comparison for MAMC inpatient records. The spreadsheets at Attachment 1 show the month by month numerical comparison.

COMPLETENESS SUMMARY MAMC INPATIENT							
	CHCS 460 DISPS	CHCS MEPRS DISPS	CEIS IP DISPS	DIFF (CEIS - 460)	% 460 DISPS IN CEIS	DIFF (CEIS - MEPR)	% MEPR DISPS IN CEIS
FY96	19469	20117	19547	78	100.4%	-570	97.2%
FY97	14744	14883	14114	-630	95.7%	-769	94.8%
FY98	7311	7378	7299	-12	99.8%	-79	98.9%

Table 1

MADIGAN INPATIENT RECORD SHORTAGE STATISTICS					
Month/Year	CHCS Disps	CEIS Disps	# Disps Short	"E" Records	% in CEIS
Oct 96	1612	1322	290	47	82%
Nov 96	1497	1157	340	331	77%

Table 2

Analysis of the two months where record shortages were encountered showed a large number of "E" records on the IDB server for Nov 96. "E" records are incomplete records in CHCS and are not loaded into CEIS. Fixing these records in CHCS should allow them to load in CEIS. The Oct 96 record shortage will have to be investigated further in CHCS and a regeneration of the SIDR for that month may be necessary.

Outpatient Data Comparison Findings

Outpatient data comparison of CEIS and ADS was accomplished for fiscal years 1996 – 1998. The fiscal year summary for this comparison is at Table 3. CEIS met the 95% completeness goal for all fiscal years, however there were 4 months where CEIS did not meet the 95% goal. The months where the record shortages occurred Nov 96, Mar 97, Aug 97, and Nov 97. The monthly outpatient record shortage statistic, for the months where CEIS did not reach the 95% completeness goal, is at Table 4 and Figures 4 – 6 show a graphical depiction of the monthly record comparison for MAMC outpatient records. The spreadsheets at Attachment 1 show the month by month numerical comparison.

SUMMARY MAMC OUTPATIENT				
	ADS OP VISITS	CEIS OP VISITS	DIFF (CEIS - ADS)	% ADS VISITS IN CEIS
FY 96	49534	49404	-130	99.7%
FY 97	545659	518482	-27177	95.0%
FY 98	608411	597620	-10791	98.2%

Table 3

MADIGAN OUTPATIENT RECORD SHORTAGE STATISTICS				
Month/Year	ADS Visits	CEIS Visits	# Visits Short	% in CEIS
Nov 96	37221	34778	2443	93%
Mar 97	49225	43916	5309	89%
Aug 97	51158	34670	16488	68%
Nov 97	57742	49239	8503	85%

Table 4

Ancillary Data Comparison Findings

Madigan's ancillary records are consistent with this comparison approach explained in the introduction. Figures 4, 5, 7, and 8 show the ancillary record trending for MAMC.

1998 MADIGAN CEIS/CHCS INPATIENT DATA COMPLETENESS COMPARISON

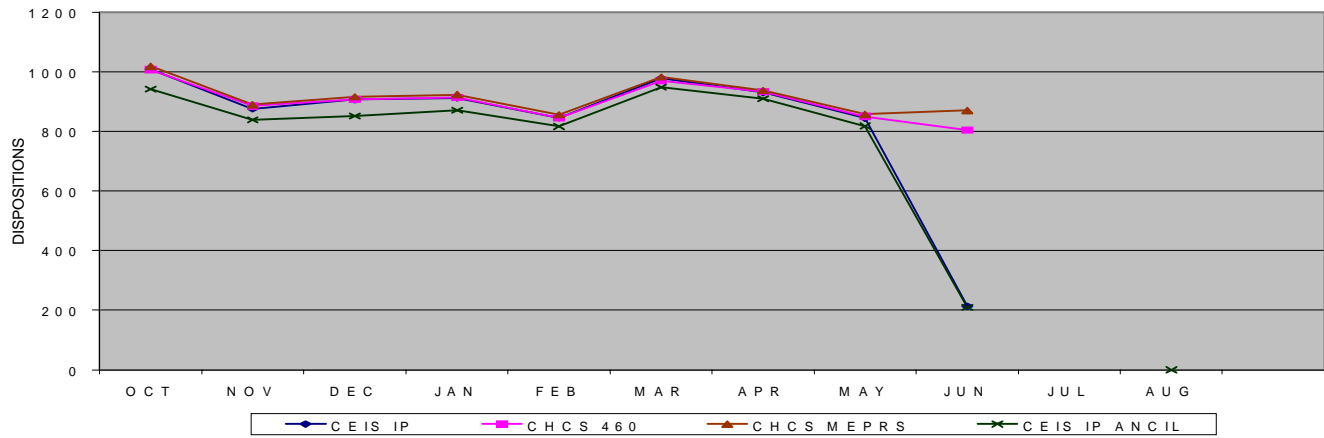


Figure 1

1997 MADIGAN CEIS/CHCS INPATIENT DATA COMPLETENESS COMPARISON

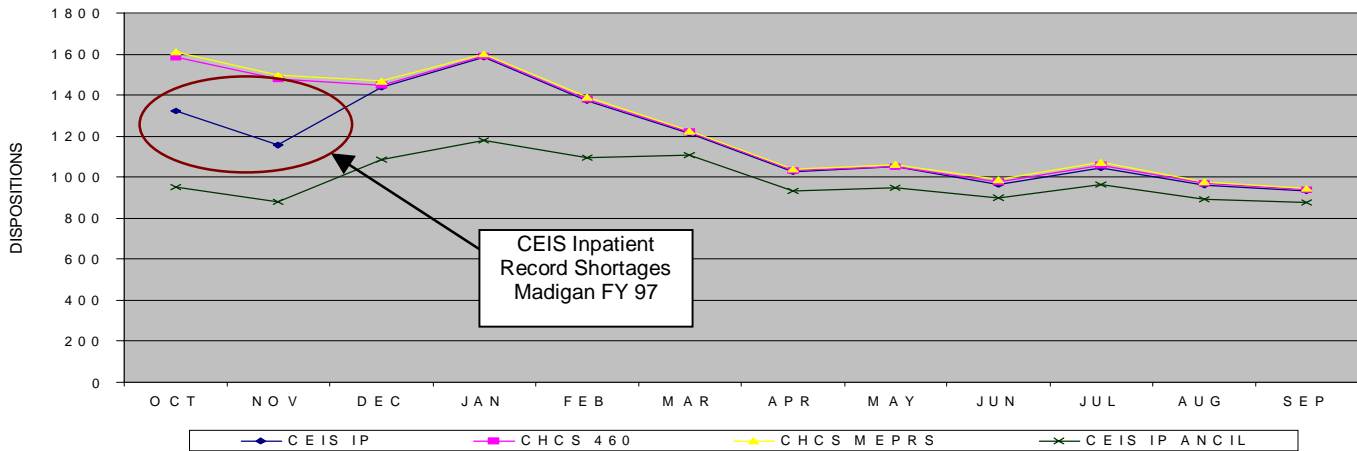


Figure 2

1996 MADIGAN CHCS/CEIS INPATIENT DATA COMPLETENESS COMPARISON

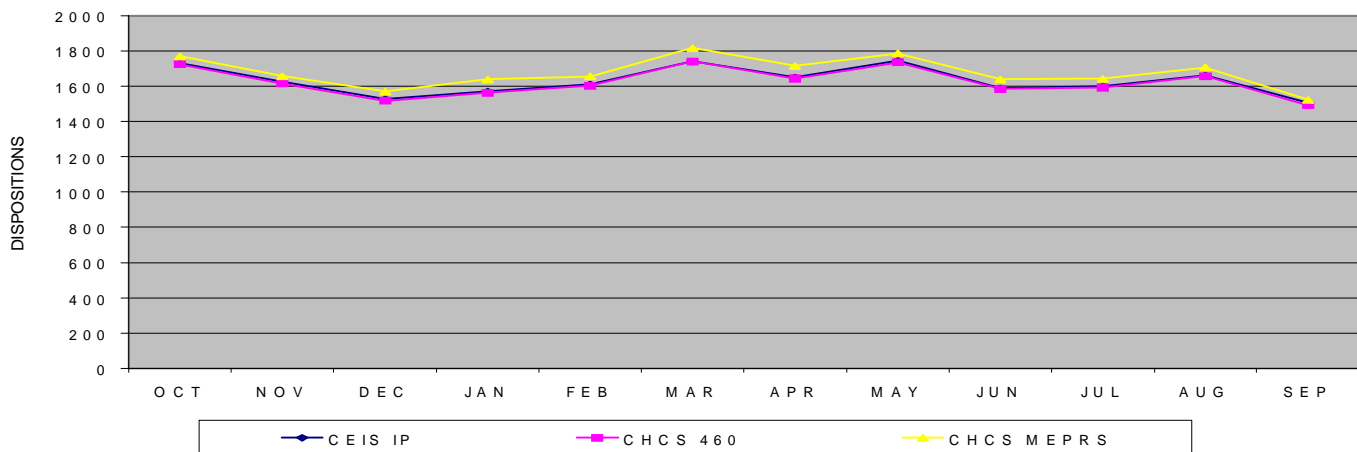


Figure 3

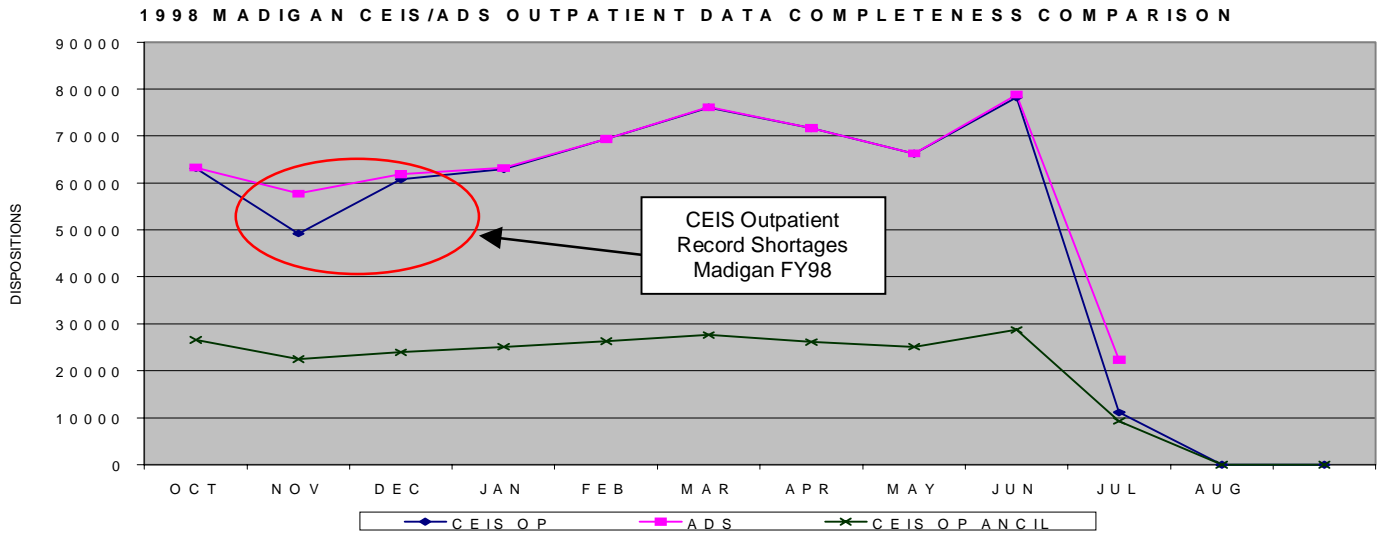


Figure 4

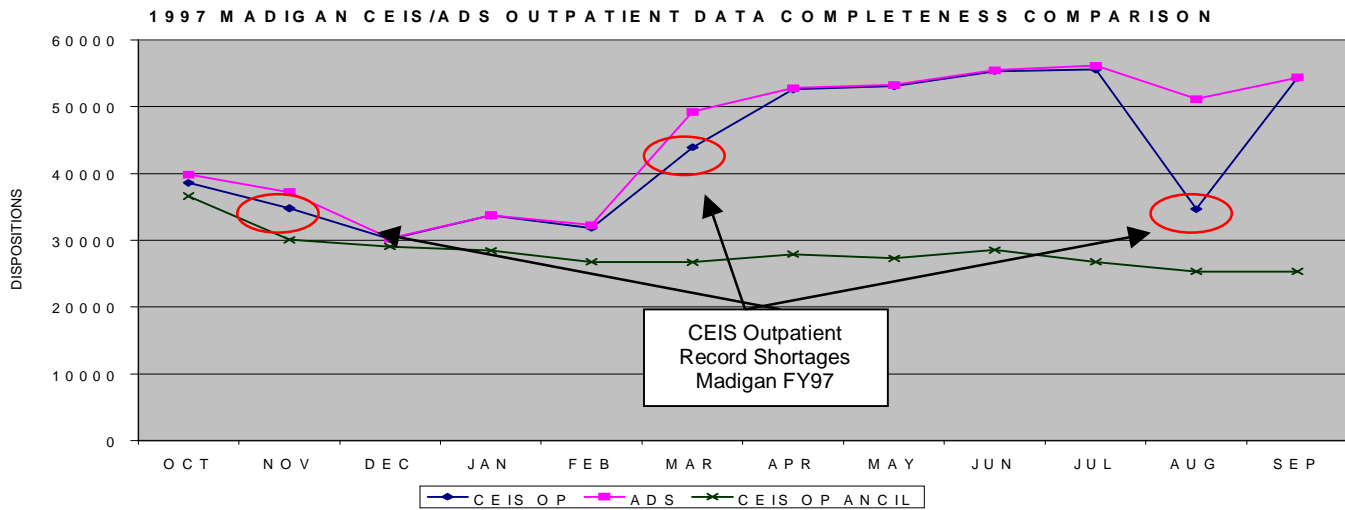


Figure 5

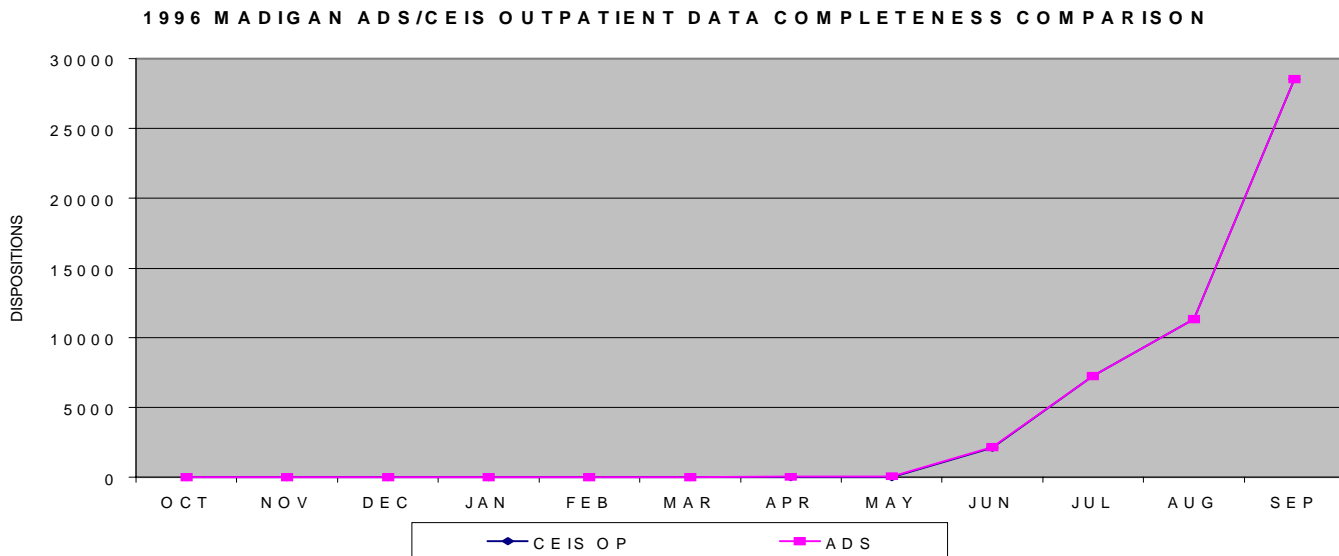


Figure 6

Bremerton Naval Hospital (DMIS 0126)

Inpatient Data Comparison Findings

Inpatient data comparison of CEIS and CHCS was accomplished for fiscal years 1996 – 1998.

The fiscal year summary for this comparison is at Table 5. CEIS met the 95% completeness goal for all fiscal years and all months.

Figures 7 – 9 show a graphical depiction of the monthly record comparison for Bremerton

inpatient records. The spreadsheets at Attachment 1 show the month by month numerical comparison.

COMPLETENESS SUMMARY BREMERTON INPATIENT							
	CHCS 460 DISPS	CHCS MEPRS DISPS	CEIS IP DISPS	DIFF (CEIS - 460)	% 460 DISPS IN CEIS	DIFF (CEIS - MEPR)	% MEPR DISPS IN CEIS
FY96	5579	No Data	5581	2	100.0%	No Data	No Data
FY97	4327	No Data	4330	3	100.1%	No Data	No Data
FY98	2522	2525	2514	-8	99.7%	-11	99.6%

Table 5

Outpatient Data Comparison Findings

Outpatient data comparison of CEIS and ADS was accomplished for fiscal years 1996 – 1998.

The fiscal year summary for this comparison is at Table 6. CEIS met the 95% completeness goal for fiscal years 1997 and 1998 but failed to meet the goal in fiscal year 1996.

There were 4 months where CEIS did not meet the 95% goal. The months where the record shortages occurred Sep 96, Oct 97, Nov 97, and Dec 97. The monthly

outpatient record shortage statistic, for the

months where CEIS did not reach the 95% completeness goal, is at Table 7 and Figures 10 – 12 show a graphical depiction of the monthly record comparison for Bremerton outpatient

records. The spreadsheets at Attachment 1 show the month by month numerical comparison.

SUMMARY BREMERTON OUTPATIENT				
	ADS OP VISITS	CEIS OP VISITS	DIFF (CEIS - ADS)	% ADS VISITS IN CEIS
F Y 9 6	6 8 6 2	2 7 8	-6 5 8 4	4 . 1 %
F Y 9 7	2 2 5 1 9 9	2 2 1 9 5 9	-3 2 4 0	9 8 . 6 %
F Y 9 8	2 3 4 6 0 8	2 2 9 5 2 4	-5 0 8 4	9 7 . 8 %

Table 6

BREMERTON OUTPATIENT RECORD SHORTAGE STATISTICS				
Month/Year	ADS Visits	CEIS Visits	# Visits Short	% in CEIS
Sep 96	6791	211	6580	3%
Oct 96	4553	1864	2689	41%
Nov 96	322	151	171	47%
Dec 97	23415	19617	3798	84%

Table 7

Ancillary Data Comparison Findings

Bremerton's ancillary records are consistent with this comparison approach. Figures 12, 13, 15, and 16 show the ancillary record trending for Bremerton.

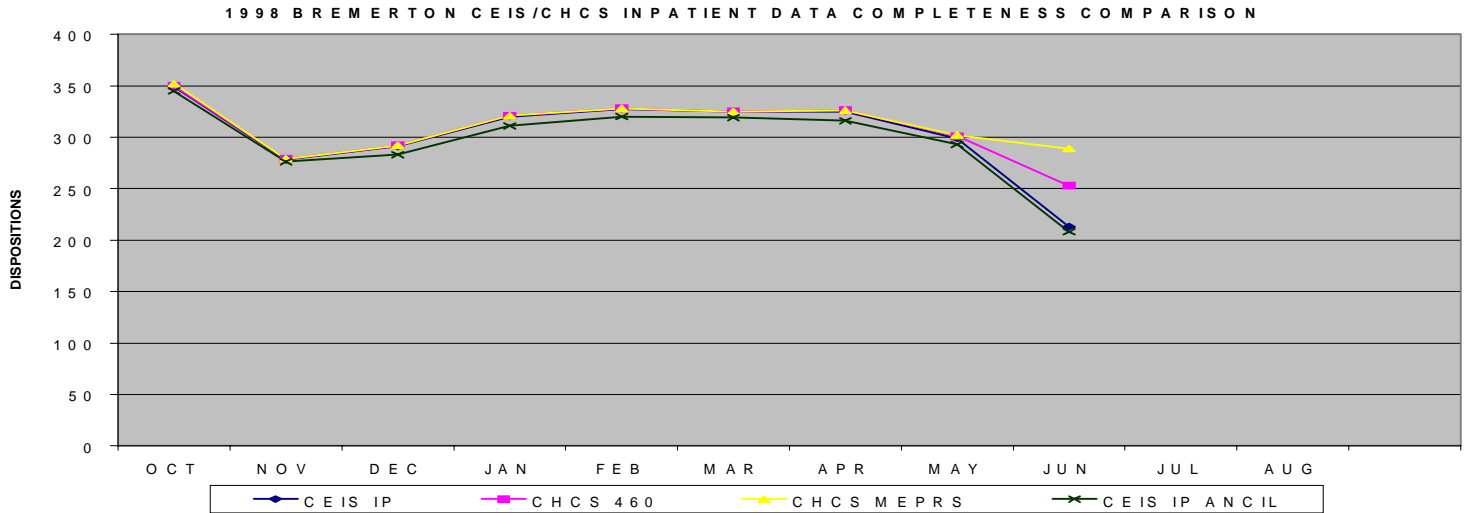


Figure 7

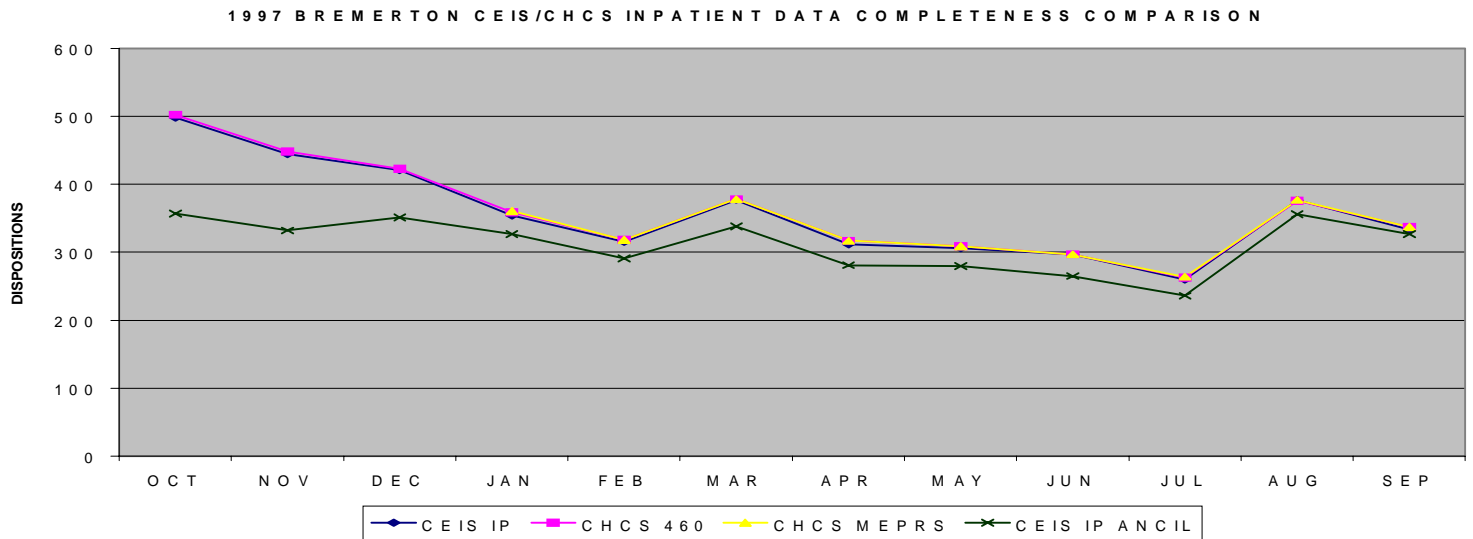


Figure 8

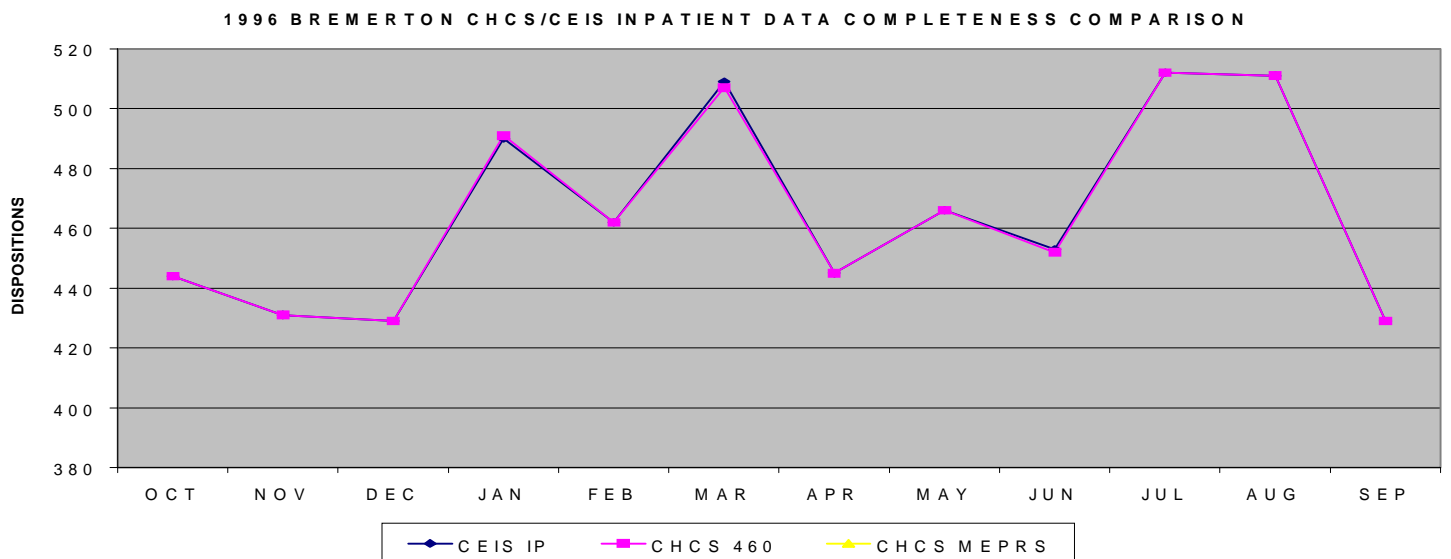


Figure 9

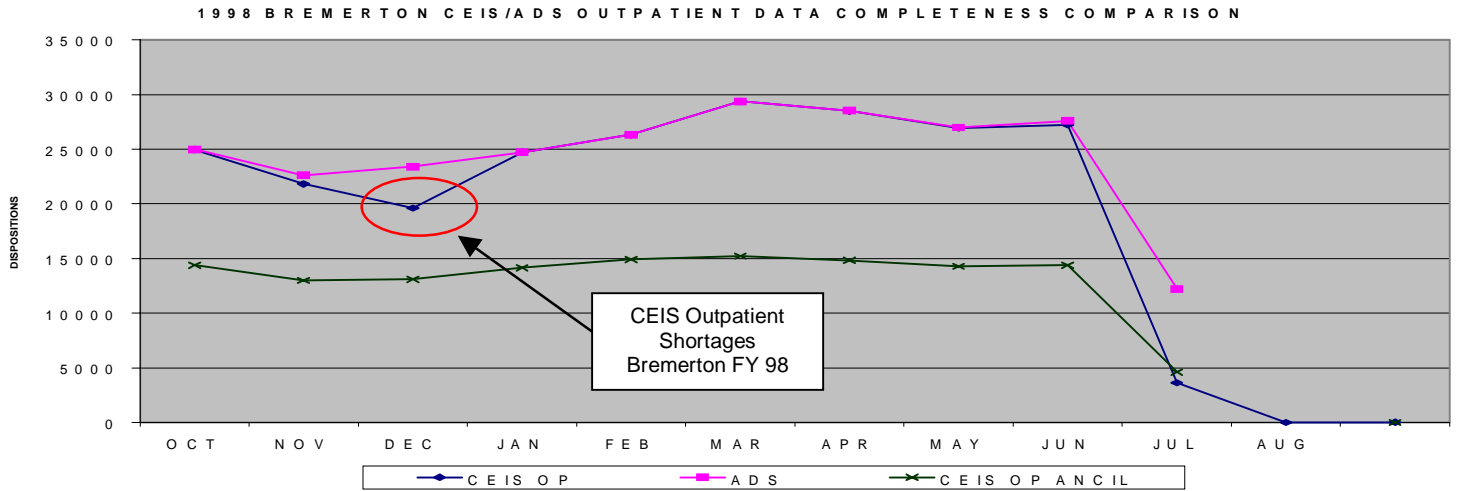


Figure 10

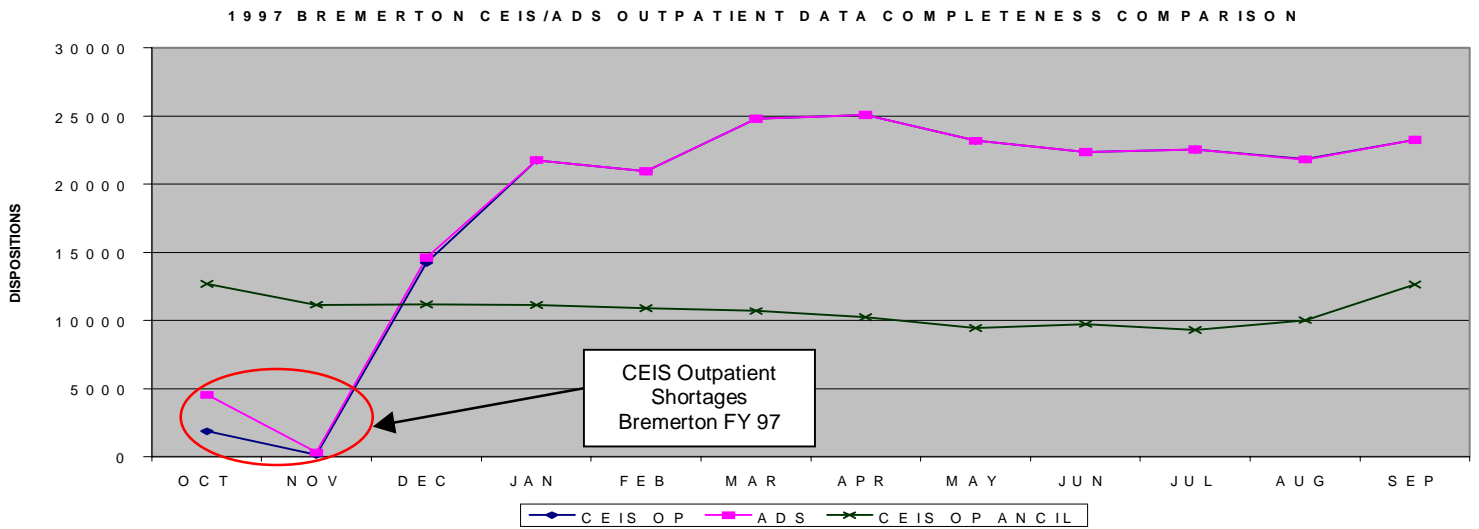


Figure 11

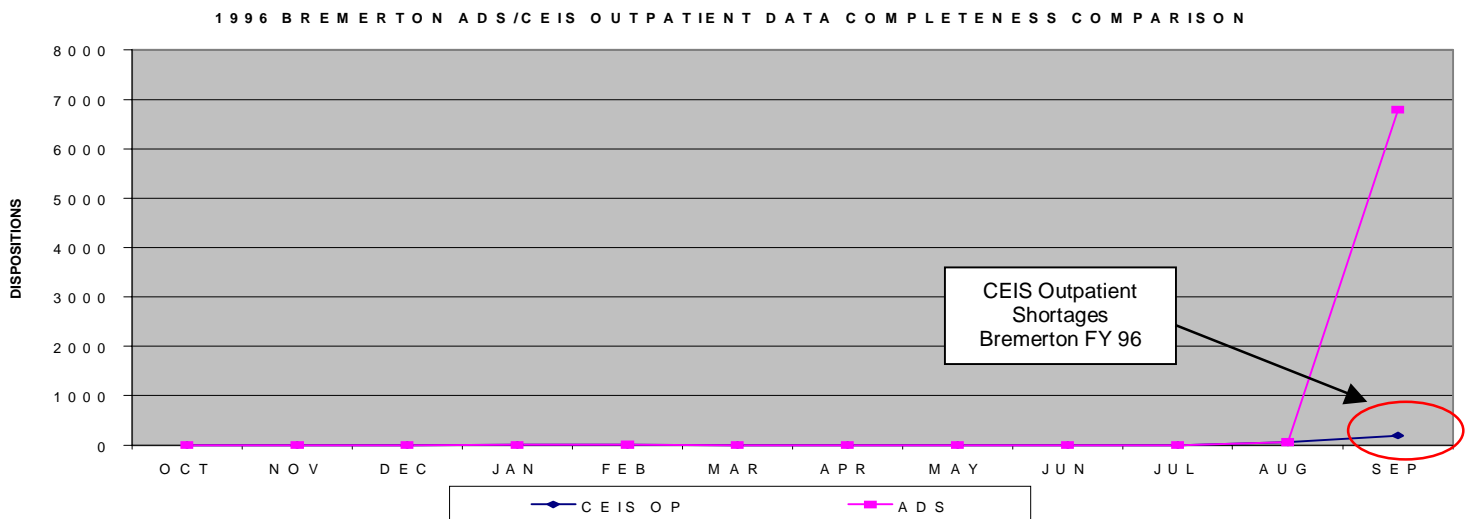


Figure 12

Oak Harbor Naval Hospital (DMIS 0127)

Inpatient Data Comparison Findings

Inpatient data comparison of CEIS and CHCS was accomplished for fiscal years 1996 – 1998. The fiscal year summary for this comparison is at Table 8. CEIS met the 95% completeness goal for fiscal years 1996 and 1997, but did not meet the goal in fiscal year 1998. The months where the record shortages occurred were Oct 97, Aug 97, Sep 97, Nov 97, and Dec 97. The monthly inpatient record shortage statistic, for the months where CEIS did not reach the 95% completeness goal, is at Table 9 and Figures 13 – 15 show a graphical depiction of the monthly record comparison for Oak Harbor inpatient records. The spreadsheets at Attachment 1 show the month by month numerical comparison.

COMPLETENESS SUMMARY OAK HARBOR INPATIENT							
	CHCS 460 DISPS	CHCS MEPRS DISPS	CEIS IP DISPS	DIFF (CEIS - 460)	% 460 DISPS IN CEIS	DIFF (CEIS - MEPR)	% MEPR DISPS IN CEIS
FY96	1672	No Data	1691	19	101.1%	No Data	No Data
FY97	1427	No Data	1381	-46	96.8%	No Data	No Data
FY98	959	998	863	-96	90.0%	-135	86.5%

Table 8

OAK HARBOR INPATIENT RECORD SHORTAGE STATISTICS					
Month/Year	CHCS Disps	CEIS Disps	# Disps Short	"E" Records	% in CEIS
Oct 96	124	114	10	0	92%
Aug 97	141	117	24	21	87%
Sep 97	134	104	30	1	80%
Nov 97	109	74	35	34	68%
Dec 97	91	16	75	?	18%

Table 9

Analysis of the five months where record shortages were encountered showed a large number of "E" records on the IDB server for Aug 97 and Nov 97. "E" records are incomplete records in CHCS and are not loaded into CEIS. Fixing these records in CHCS should allow them to load in CEIS.

Outpatient Data Comparison Findings

Outpatient data comparison of CEIS and ADS was accomplished for fiscal years 1996 – 1998. The fiscal year summary for this comparison is at Table 10. CEIS met the 95% completeness goal for fiscal years 1997 and 1998, but did not meet the goal in fiscal year 1996. There were 3 months where CEIS did not meet the 95% goal. The months where the record shortages occurred Sep 96, Oct 96, and Nov 97. The monthly outpatient record shortage statistic, for the months where CEIS did not reach the 95% completeness goal, is at Table 11 and Figures 16 – 18 show a graphical depiction of the monthly record comparison for Oak Harbor outpatient visits. The spreadsheets at Attachment 1 show the month by month numerical comparison.

SUMMARY OAK HARBOR OUTPATIENT				
	ADS OP VISITS	CEIS OP VISITS	DIFF (CEIS - ADS)	% ADS VISITS IN CEIS
FY 96	610	83	-527	13.6%
FY 97	75915	73239	-2676	96.5%
FY 98	89349	88654	-695	99.2%

Table 10

OAK HARBOR OUTPATIENT RECORD SHORTAGE STATISTICS				
Month/Year	ADS Visits	CEIS Visits	# Visits Short	% in CEIS
Sep 96	595	72	523	12%
Oct 96	3465	1084	2381	31%
Nov 97	9623	9122	501	94%

Table 11

Ancillary Data Comparison Findings

Oak Harbor's ancillary records are consistent with this comparison approach. Figures 20, 21, 23, and 24 show the ancillary record trending for Oak Harbor.

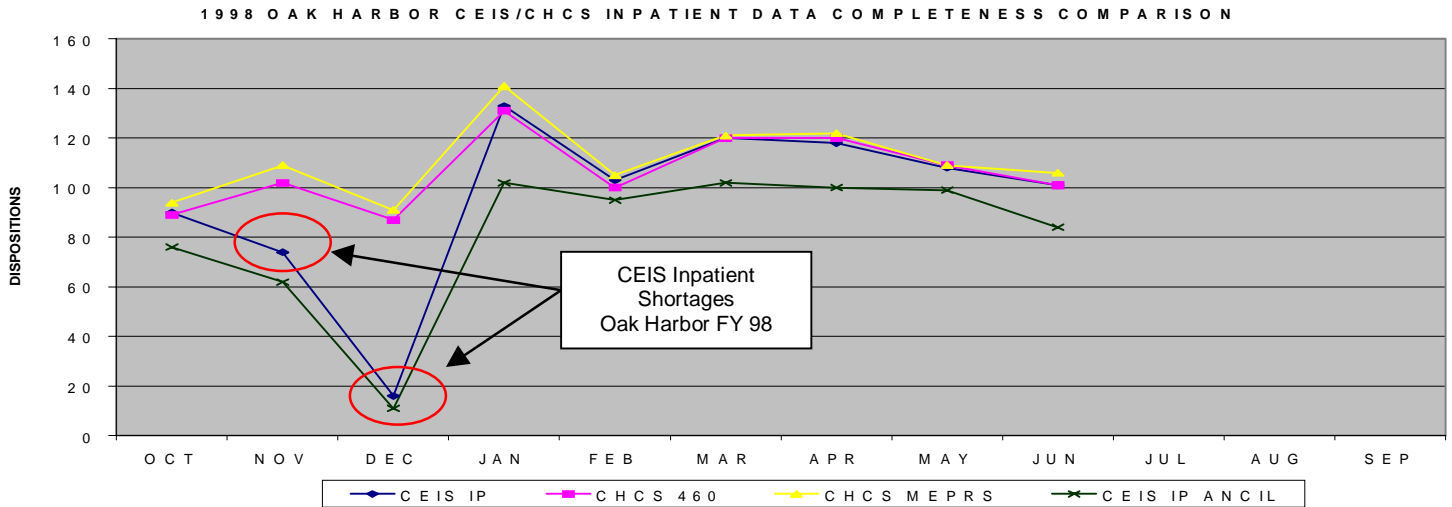


Figure 13

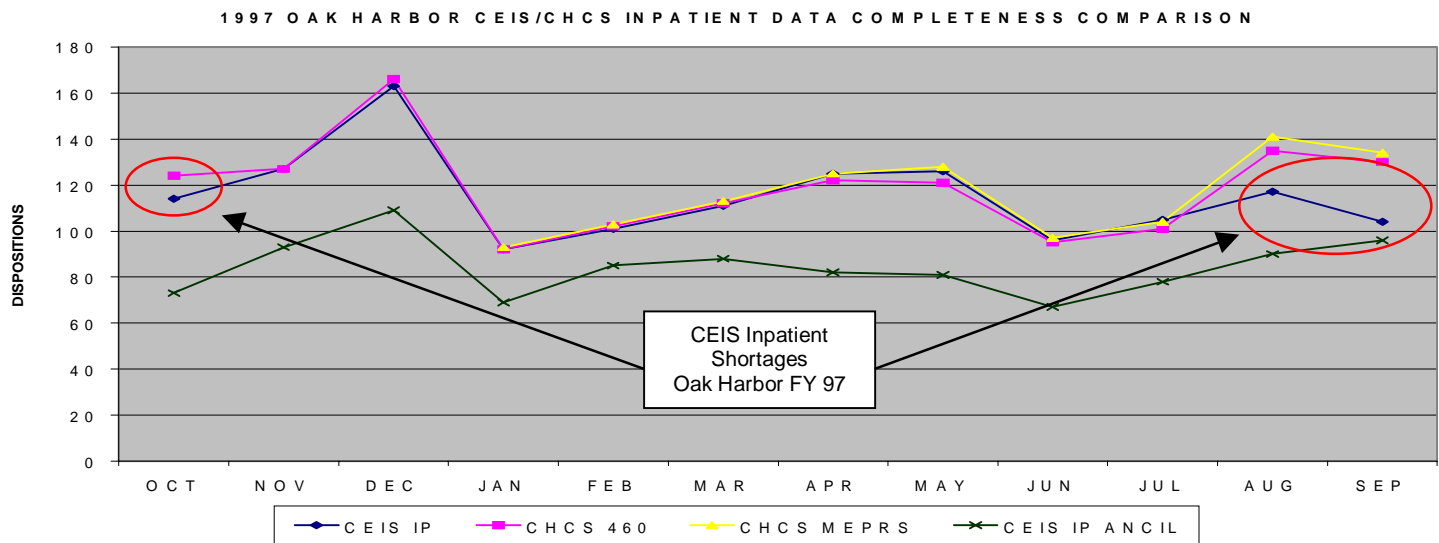


Figure 14

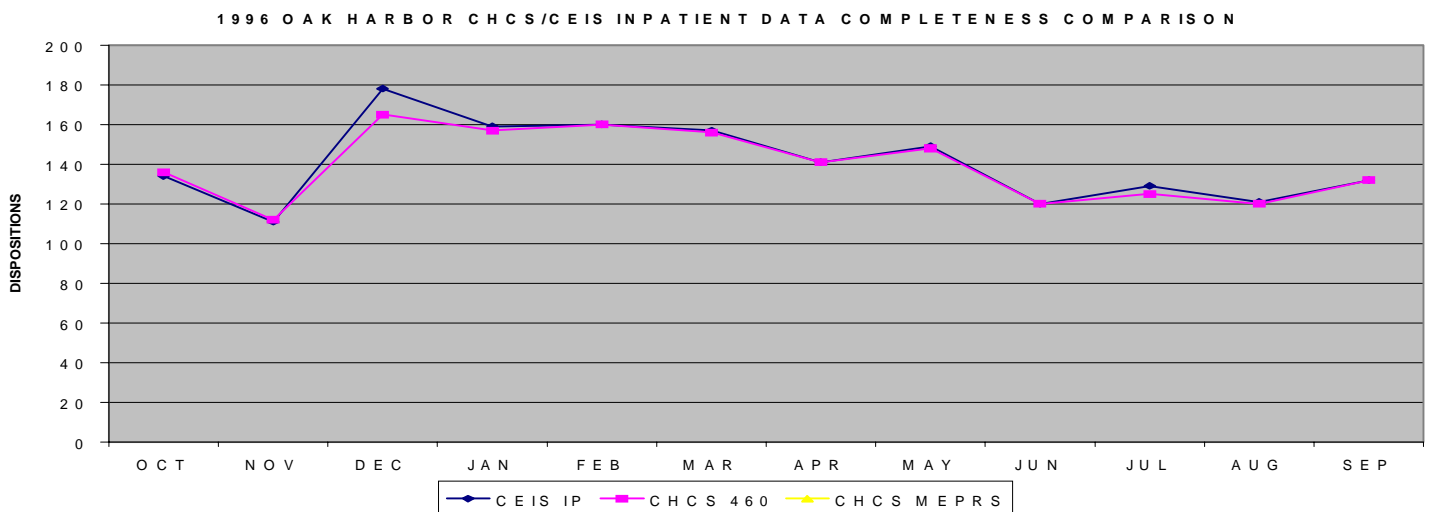


Figure 15

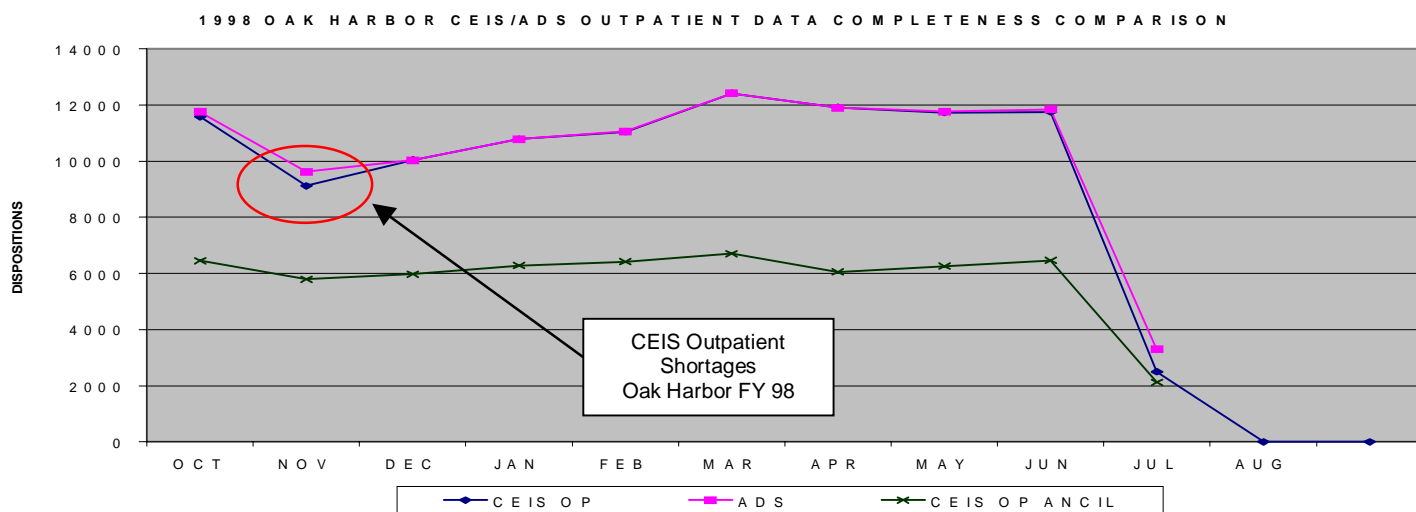


Figure 16

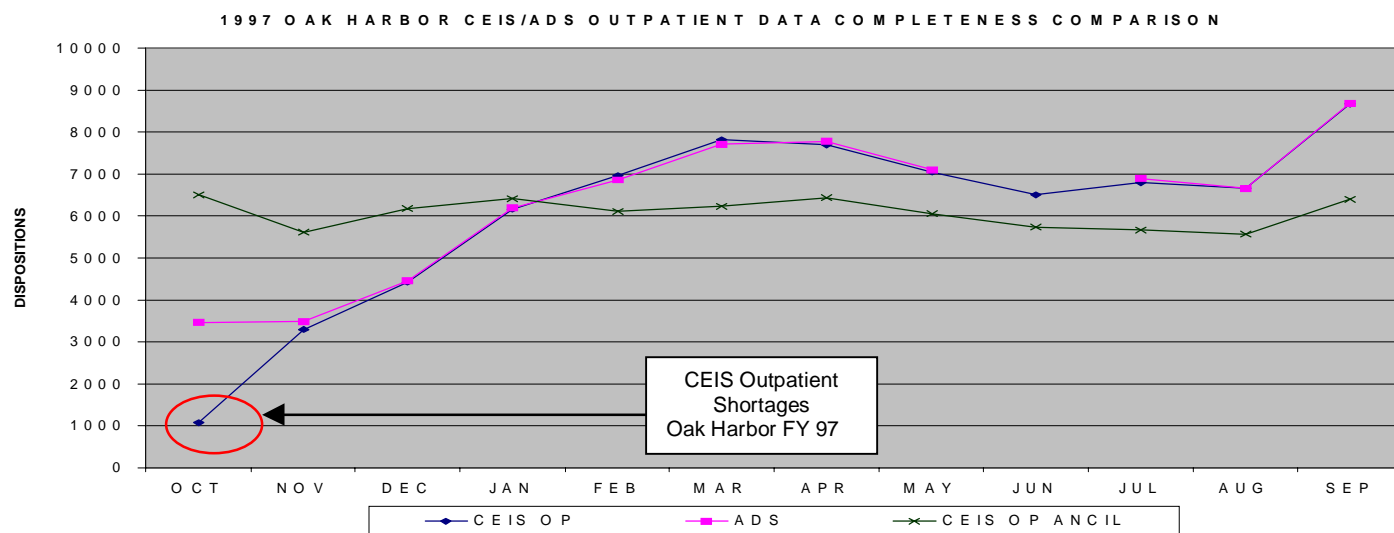


Figure 17

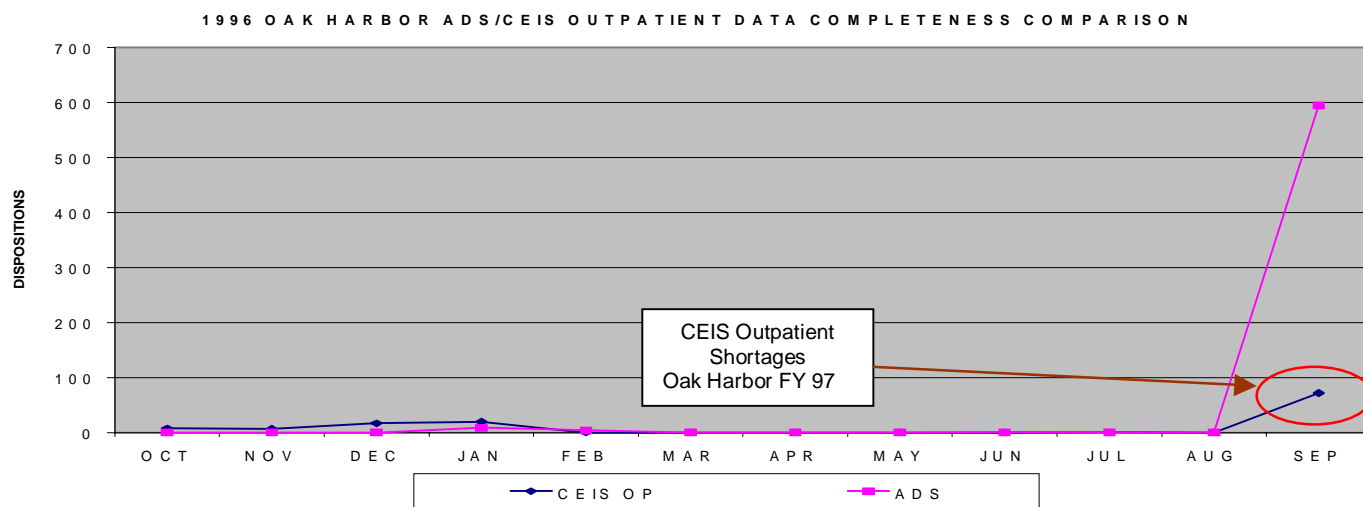


Figure 18

Fairchild AFB Clinic (DMIS 0128)

Outpatient Data Comparison Findings

Outpatient data comparison of CEIS and ADS was accomplished for fiscal years 1996 – 1998. The fiscal year summary for this comparison is at Table 12. Fairchild had a catastrophic ADS system failure and they lost all data through Sep 97 and most of Oct and Nov 97. This data loss makes it impossible to compare CEIS with ADS in fiscal years 1996 and 1997. Comparing month by month (where a comparison can be done), there were 3 months where CEIS did not meet the 95% goal. The three months where the record shortages occurred were Dec 97, Jan 98, and Mar 98. The monthly outpatient record shortage statistic, for the months where CEIS did not reach the 95% completeness goal, is at Table 13 Figures 19 – 21 show a graphical depiction of the monthly record comparison for Fairchild outpatient records. The spreadsheets at Attachment 1 show the month by month numerical comparison.

SUMMARY FAIRCHILD OUTPATIENT				
	ADS OP VISITS	CEIS OP VISITS	DIFF (CEIS - ADS)	% ADS VISITS IN CEIS
F Y 96	0	5333	5333	Note
F Y 97	1	91425	91424	Note
F Y 98	43731	36865	-6866	84.3%

Table 12

FAIRCHILD OUTPATIENT RECORD SHORTAGE STATISTICS				
Month/Year	ADS Visits	CEIS Visits	# Visits Short	% in CEIS
Dec 97	6918	5145	1773	74%
Jan 98	6851	900	5951	13%
Mar 98	8872	8351	521	94%

Table 13

Ancillary Data Comparison Findings

Fairchild's ancillary records are consistent with this comparison approach. Figures 19, and 20 show the ancillary record trending for Fairchild.

1998 FAIRCHILD CEIS/ADS OUTPATIENT DATA COMPLETENESS COMPARISON

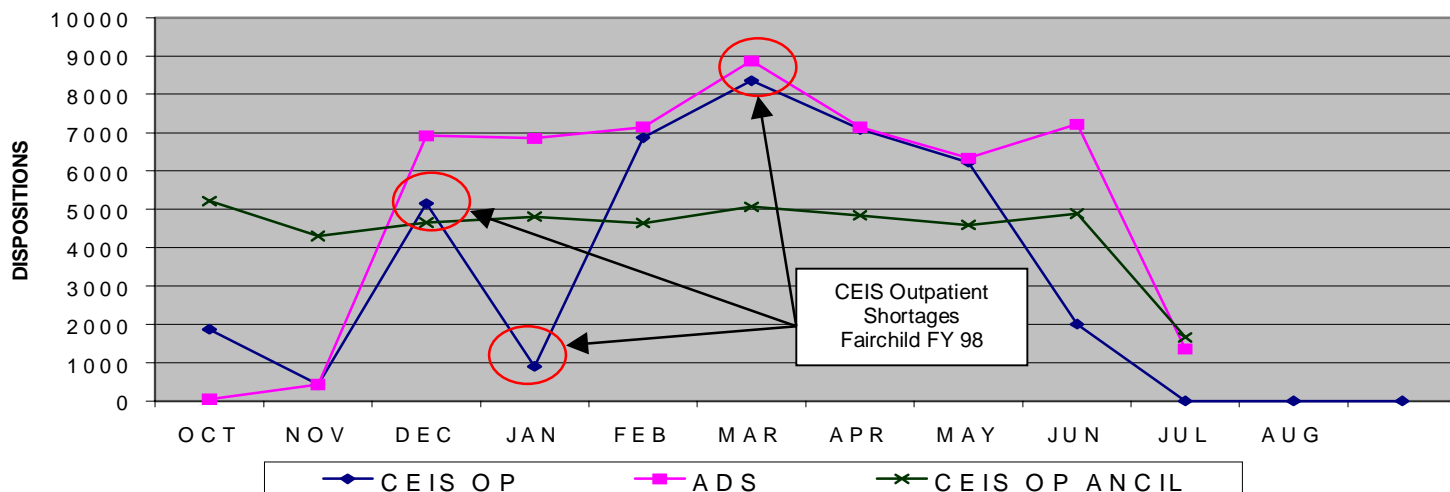


Figure 19

1997 FAIRCHILD CEIS/ADS OUTPATIENT DATA COMPLETENESS COMPARISON

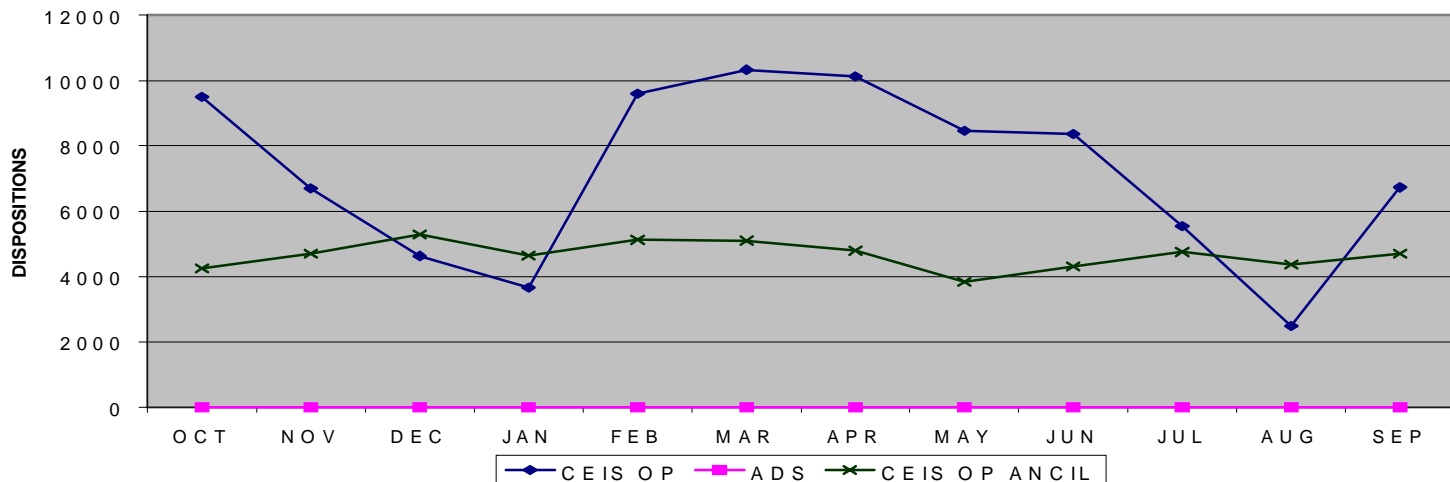


Figure 20

1996 FAIRCHILD CEIS/ADS OUTPATIENT DATA COMPLETENESS COMPARISON

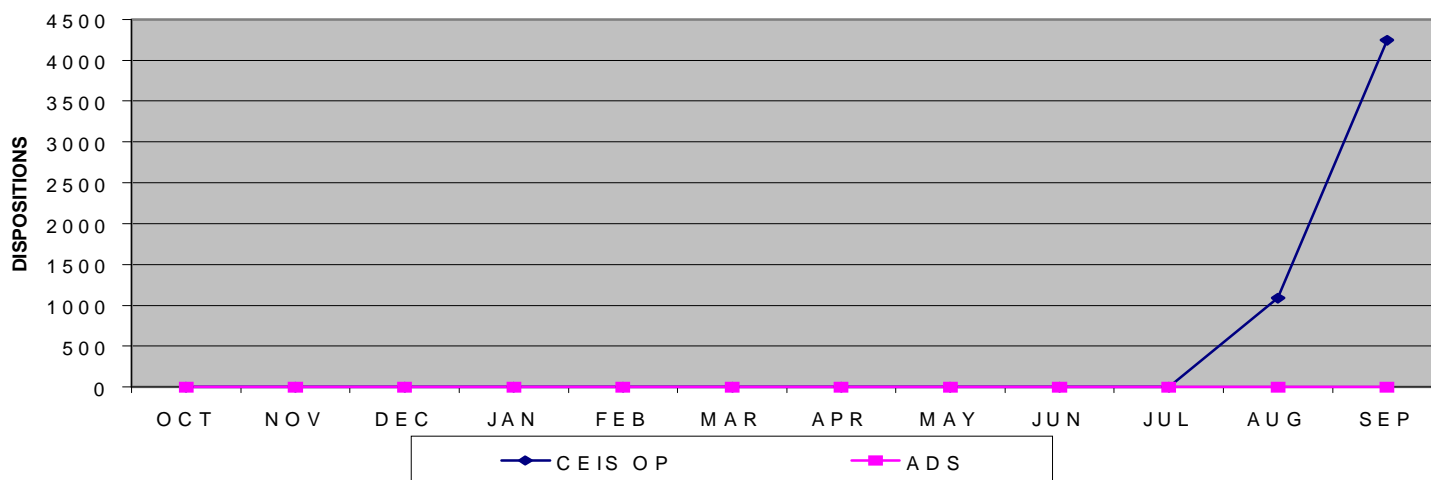


Figure 21

McChord AFB Clinic (DMIS 0395)

Outpatient Data Comparison Findings

Outpatient data comparison of CEIS and ADS was accomplished for fiscal years 1996 – 1998. The fiscal year summary for this comparison is at Table 14. CEIS met the 95% goal for fiscal year 1998, but failed to meet the goal for fiscal 1996 and 1997. Comparing month by month, there were 4 months where CEIS did not meet the 95% goal. The months where the record shortages occurred Aug 96, Sep 96, Oct 96, and Dec 96. The monthly outpatient record shortage statistic, for the months where CEIS did not reach the 95% completeness goal, is at Table 15 and Figures 22 – 24 show a graphical depiction of the monthly record comparison for MAMC inpatient records. The spreadsheets at Attachment 1 show the month by month numerical comparison. Outpatient SADRs will have to be regenerated for the months where record shortages occurred.

SUMMARY MCCHORD OUTPATIENT				
	ADS OP VISITS	CEIS OP VISITS	DIFF (CEIS - ADS)	% ADS VISITS IN CEIS
F Y 9 6	5 1 5 3	8 8	- 5 0 6 5	1 . 7 %
F Y 9 7	6 4 6 6 2	6 0 0 8 6	- 4 5 7 6	9 2 . 9 %
F Y 9 8	4 3 6 0 6	4 3 4 4 6	- 1 6 0	9 9 . 6 %

Table 14

MCCHORD OUTPATIENT RECORD SHORTAGE STATISTICS				
Month/Year	ADS Visits	CEIS Visits	# Visits Short	% in CEIS
Aug 96	1453	80	1373	6%
Sep 96	3700	8	3962	1%
Oct 96	5007	3422	1585	68%
Dec 96	5118	2272	2846	44%

Table 15

Ancillary Data Comparison Findings

McChord's ancillary records are consistent with this comparison approach. Figures 22 and 23 show the ancillary record trending for McChord.

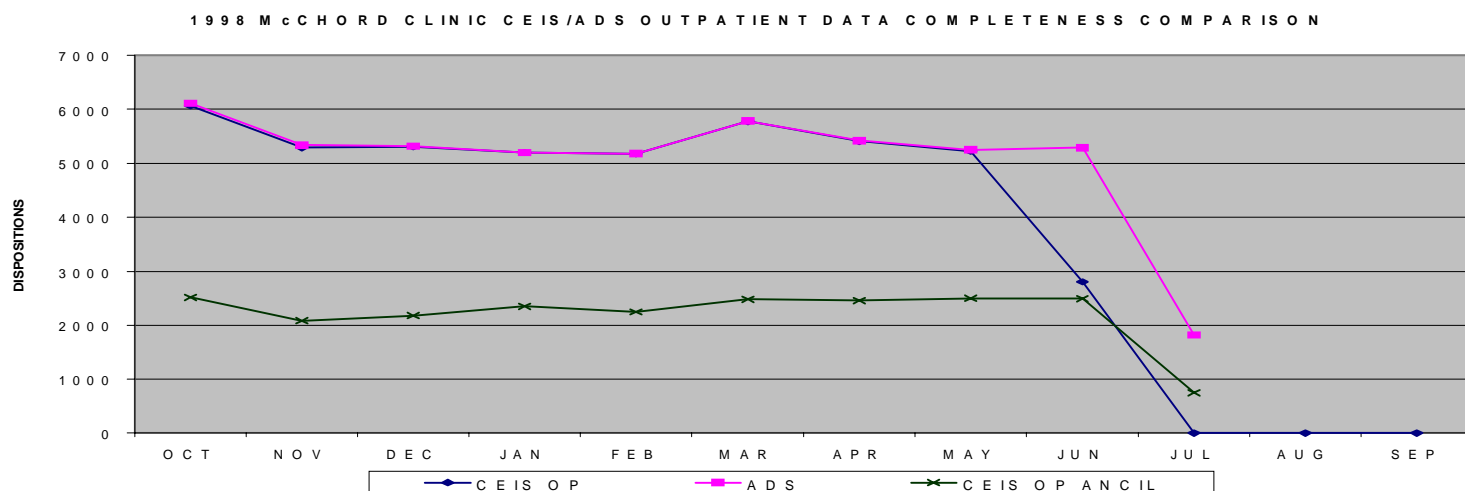


Figure 22

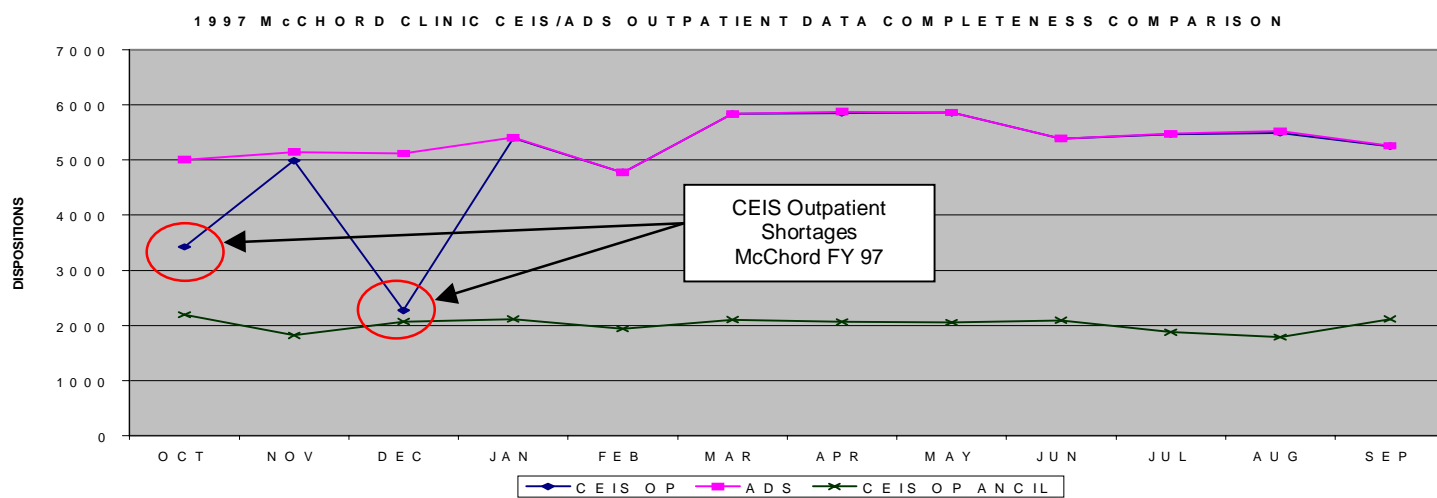


Figure 23

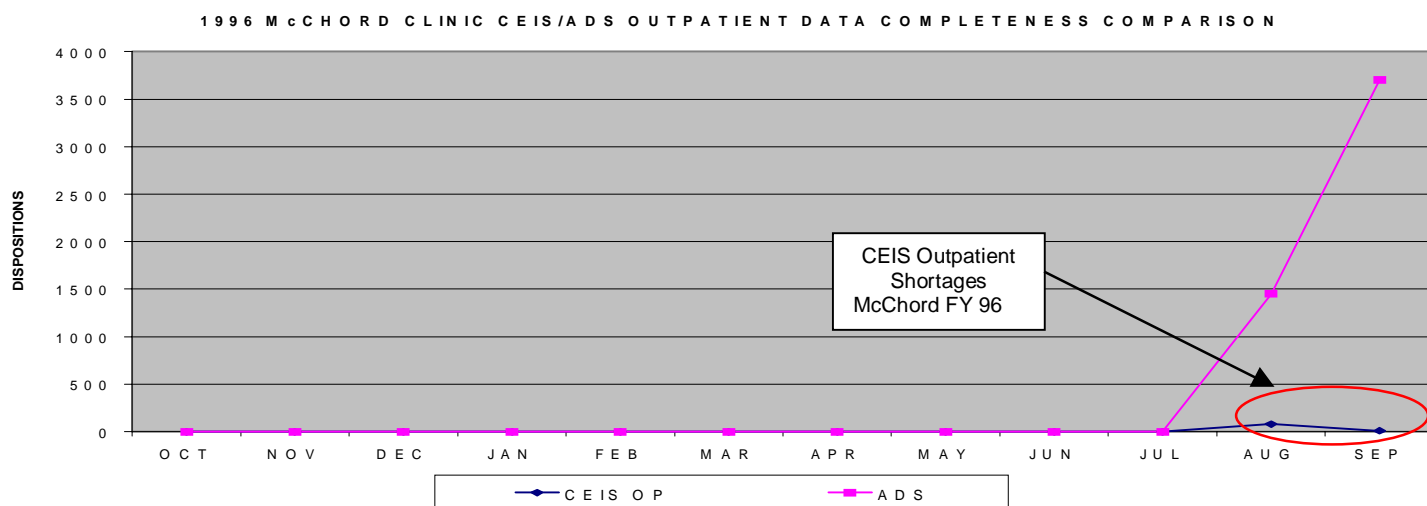


Figure 24

Regional Corporate Data Findings

The regional corporate data is the data we receive from Vector Research Inc (VRI). and includes the MEQS data, MCFAS data, CHAMPUS data, NAVY EIS data, and USTF data. Validation of the completeness of this data was accomplished by contacting the POC at VRI for each data type and validating we are current to the corporate source system from where we receive our data. The validation of Region 11's corporate data shows we are data is complete and matches VRI.

CONCLUSION

Summary of Findings

The comparison of the direct care data in CEIS with the source system for FY 96 – FY98 identified 7 months (2-Madigan and 5-Oak Harbor) where the inpatient data fell below the 95% goal and 18 months (4-Madigan, 4-Bremerton, 3-Oak Harbor, 3-Fairchild, and 4-McChord) where the outpatient data fell below the 95% goal. The details for these months where data shortages occurred can be found in Tables 1 – 15. Table 16 gives a combined summary of shortages of all fiscal years and the resultant percentage records in CEIS after planned fixes.

An analysis of the inpatient shortages showed that 3 of the 7 months where we discovered inpatient shortages, the shortage was directly attributed to incomplete records. CHCS will have to be investigated further to determine the reason for the other shortages.

Plan

The ICT is committed to having the most complete data possible. The following plan will be instituted to fix the holes in months where the data does not meet the 95% goal.

- Inpatient Shortage Fix Procedures
 - Generate listing of incomplete records for months where this is causing shortage and send to MTF PAD personnel for evaluation.
 - Obtain listing of SDRs generated from CHCS and check with IDB to ensure all SDRs were received by the IDB. Any missing SDRs identified will be regenerated and sent to the IDB loading.
 - SDRs for other missing months will be regenerated and checked to see if this would resolve shortages. However, SDRs original generated prior to January 1997 have been archived and cannot be regenerated. Shortages that were identified in months prior to January 1997 will have to be sent from MEDCOM.
 - The program office is looking into the possibility of globally changing the sent flag in CHCS allowing the regeneration of a new SDR for shortage months. This process would create a complete SDR and send to the IDB loading.
- Outpatient Shortage Fix Procedure
 - Contact MTF SADR system administrators to have them generate a local SADR extract for the shortage months and send to the IDB. There is a question of the format compatibility of the local SADR extract and this extract may have to be sent for processing before loading.
 - Obtain SADR records from Ft. Detrick for any SADR records that have been archived locally.

SUMMARY OF DIRECT CARE COMPARISON FINDINGS FY96 - FY98						
MTF	Data Type	Source Total	CEIS Total	Difference	% Missing	% After Plan Fix
Madigan	Inpatient	42387	40960	1427	3%	2% ¹
Madigan	Outpatient	1203604	1165506	38098	3%	0.5%
Bremerton	Inpatient	12428	12425	3	.02%	.02%
Bremerton	Outpatient	466669	4517671	14908	3%	.04%
Oak Harbor	Inpatient	4097	3935	162	4%	0%
Oak Harbor	Outpatient	165874	161976	3898	2%	.02%
Fairchild	Outpatient	43732	36865	6866	16% ²	0%
McChord	Outpatient	113421	103620	9801	7%	.02%

Table 16

¹ – Most missing scattered throughout 1996, after fix FY97: 0.3% missing and FY98: .02% missing

² – Only FY 98 data is included, Fairchild source no longer has FY 96 or FY 97 data for comparison.